

## State of South Dakota Campaign Finance Disclosure Statement

0	
Full Name of Committee: Action Committee for	- Ethanci
Bran Jennings la ennir Committee Chair, Treasurer, Candidate E-Mail	ngs@elhanokorg
Committee Chair, Treasurer, Candidate E-Mail	3
5000 S Broadband Cane Szc 224 Committee Street Address	STOUR FAILS SD STIPS
PD Box 184 Simx Falls SD Committee Postal Address	57101
Shannon By Sta For 605-3345 Name of Person Making Report Daytime Tel	3381 608 3940 9609 ephone # Evening Telephone #
	eprone "
If Candidate Committee, please note office being sought, and District # (If applicable)	Political party affiliation (if any)
the control of the co	Totaled party diffication (if any)
If Ballot Question Committee, Ballot Question number or letter.	Supporting? Opposing?
	- Innered
Type of Campaign Statement:	
Pre-Primary Pre-Convention Pre-General Mid-Year Year-	End Amendment Supplement Termination
VERIFICATION OF PERSON MAKING REPORT	County, municipal and school candidates
•	file this statement with the person in
, Shannon Gustafan	charge of the local election.
(print name legibly), certify that I have examined this	Statewide PACs, political party, ballot
report and to the best of my knowledge and belief it	question and other committees file this
s true, correct and complete. I also understand that failure to timely file any statement, amendment, or	statement with the Secretary of State's
correction required subjects the treasurer respon-	Office.
sible for filing to a civil penalty per day for each day	Secretary of State, Elections Department
that the statement remains delinquent.	500 East Capitol Ave., Ste 204
	Pierre, SD 57501 or fax to 605-773-6580 or
5-23-14	e-mail to cash@state.sd.us
Date Date	
	Fax and e-mail images must contain the
	signature(s) and the original must be filed in our office within one week following
Xhr /	the date the fax/e-mail was received.
NOTED THE OF LEASE WAY	

# INCOME

#### **Direct Contributions from Individuals**

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter total of all unitemized contributions (\$100 or less each from individuals) here:	\$ 0.0
	 Line item A1

Enter all itemized contribution	ons (\$100 or more each from individuals) below:	
Name	Residential (Street) Address	Amoun
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Line item A2

### **Direct Contributions from Organizations**

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot Committee Questions may recieve direct contributions from organizations.

Name	Residential (Street) Address	Amoui
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		\$ •
emized Contribution	s - Enter total of all <i>itemized</i> contributions from organizations:	\$ •

### **Direct Contributions from Political Parties**

Contributions from Political Parties			
Name	Residential (Street) Address		Amount
		\$	
		\$	•
		\$	•
		\$	
		\$	
Enter total of all contribut	ions from Political Parties here:	\$	$\mathcal{O} \cdot \mathcal{O}$

Line item C1

### **Direct Contributions from In-State Political Action Committees**

Name	Residential (Street) Address	Amoun
		\$ .
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		\$ .
Enter total of all contribution	ns from South Dakota Political Action Committees or South Dakota Candidate Com	

### **Direct Contributions from Out-of-State Political Action Committees**

Contributions from Fed	deral Political Action Committees	
Name	Filing Web Address	Amount
		\$
		\$
		\$ -
		\$
		\$
		\$
		\$ •
		\$ -
		\$ •
Enter total of all contributi	ions from Federal Political Action Committees or Out-of-State Candidate Committees here:	\$ 0.0

Line item D2

#### **Direct Contributions from Candidate Committees**

Contributions from Ca	Contributions from Candidate Committees				
Name	Residential (Street) Address		Amoun		
		\$	•		
		\$			
		\$	•		
		\$	•		
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		\$	•		
		\$			
		\$			
Enter total of all contributio	ns from Candidate Committees here:	\$	Λ .α		

#### **In-Kind Contributions**

Non-cash contributions of good and services and the estimated fair market value			
Description	Name and residential address	Estimated value	
		\$	•
		\$	•
		\$	•
		\$	•
		\$	•
		\$	•
		\$	•
		\$	•
		\$	•
		\$	
Enter total of all estimated in-kind o	ontributions here:	\$	0.0

Line item F1

#### **Other Income**

Source of Income	Description of Income	Amount
		\$ -
		\$
		\$ •
Enter total of other income here:		\$ 0.0

Line item G1

## **Establishing and Administering Committee/Solicitation Costs**

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

Organizational Name and Categorical Description for Direct Funds	Amount
	\$ •
	\$ •
	\$ •
Enter total here:	\$ 0.0

Line item H1

# **EXPENDITURES**

## **Operational Expenditures**

Categories have been provided for reporting common expenses. You may list other expense items at your discretion

Campaign Expenses		Amount
Advertising	\$	•
Consulting	\$	
Interest	\$	
Postage	\$	•
Printing	\$	•
Rent	\$	•
Salaries	. \$	•
Telephone	\$	
Travel	\$	
Utilities	\$	
List other expense items below:	\$	
	\$	•
	\$	
	\$	
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Enter total expenditures here:	\$	٠. O

Line item X1

#### **Contributions Made to Candidates and Committees**

Name of Candidate or Committee	Amount
	\$ •
	\$ -
	\$ •
	\$
	\$ •
	\$ •
	\$ •
	\$ •
	\$ *
	\$ •
	\$ •
	\$ •
Enter total of contributions to candidates or committees here:	\$ 0.0

Line item X2

### **Debts and Obligations Owed by Committee**

All committee obligations which a amount of the obligation.	re incurred but unpaid at the end	d of the reporting period. If a service	has been contracted but not bill	led, estimate the
Owed to/Creditor's Name	Nature of obligation	Address		Amount
			\$	•
			\$	
			\$	•
			· \$	•
Enter total debt owed by committe	ee here:	······································	\$	Ó. Ó

Line item X3

#### **Loans Owed to Committee**

Name of recipient of loan, including address.	Amount of loan made during the reporting period	oan repaid reporting period	Balance of loan at the end of the reporting period
	\$ -	\$ •	\$
	\$ •	\$ •	\$ •
	\$ •	\$ •	\$ •
Enter total amount of loans owed to committee here:	\$ •	\$ •	\$ () 0

Line item Y1

Line item Y2

Line item Y3

# **SUMMARY OF INCOME AND EXPENDITURES**

		Credit	Debit
	Candidate's Personal Contribution to Own Campaign	\$ .	
Income:			
	Unitemized Contributions	\$ . (	1
	Itemized Contributions	\$ .	
	Contributions from Candidate Committees	\$ .,	
	Contributions from Organizations	\$	0
	Contributions from Political Parties	\$ .	
	Contributions from In-State PACs	\$ .	)
	Contributions from Out-of-State or Federal PACs	\$ . (	
	In Kind Contributions	\$ .(	
	Other Income	\$ .0	
	Expenditures from an external source to establish a committee	\$ .(	)
Expenditures			
	Operational Expenditures		\$ . 6
	Contributions to Candidates and Committees		\$ .0
	Debts and Obligations Owed by the Committee		s .o
1 0 0			
Loan Activity	Monetary loan made to Candidate or Committee during reporting period	\$ .0	
	Monetary loan made to Candidate or Committee during reporting period	\$ .0	
	Monetary loan made by Committee during reporting period		1
	Monetary loan repaid to Committee during the reporting period	\$ .(`	<u> </u>
Am	ount on hand at the end of the reporting period:	\$	178.82

\*Note: You cannot end the reporting period with a negative balance.

County, municipal and school candidates file with the person in charge of the local election.